TRICARE Europe
COMPASS
www.europe.tricare.osd.mil
Summer 2002

BG Elder Granger
New Lead Agent Takes Command

BG Elder Granger assumed command of the European Regional Medical Center on June 26, becoming the third TRICARE Europe Lead Agent.

Granger was the former health policy services chief for the Office of the Surgeon General in Falls Church, Va.

Prior to that assignment, he commanded Landstuhl Regional Medical Center from Aug. 1999 to July 2001.

Granger replaced outgoing European Regional Medical Center commander and TRICARE Europe Lead Agent BG Richard Ursone.

Ursone is now the Assistant Surgeon General for Force Development and Sustainment at the U.S. Army Medical Command, San Antonio, Texas.

BG Ursone Bids Fond Farewell to TRICARE Team

by BG Richard Ursone
Former TRICARE Europe Lead Agent

It has truly been my privilege to serve as the Lead Agent for TRICARE Europe, and a great honor to serve with such a world-class cadre of medical professionals.

As I said when I arrived here two years ago, I believe our beneficiaries expect and deserve the world's best medical care. We've come a long way towards meeting this goal.

Today the TRICARE program in Europe is significantly more robust, much easier to use, and more responsive than ever before. The men, women, and children who depend on TRICARE Europe notice the difference — and, believe me, I've noticed how hard you have all worked to make this transformation possible.

I want to thank each and every one of you for all you've done to make TRICARE one of the top comprehensive healthcare systems in the world.

I am extremely pleased of all that we've accomplished, and want to highlight our key achievements that are critical to the continued successful evolution of TRICARE Europe:

Open Access

Open Access is the way to do business. It focuses on doing today's business today, it streamlines an otherwise complicated and

See FAREWELL Pg. 12

BG Richard Ursone

Inside

Health Affairs Director Highlights TRICARE Europe During Regional Visit

Assistant Secretary of Defense for Health Affairs Dr. William Winkenwerder, Jr. recently toured Medical Facilities in Italy, Germany, and Kosovo as part of a five day tour of the European region.

On May 20, Winkenwerder delivered the keynote address at the TRICARE Europe Council (TEC) meeting held in Venice, Italy. The following are excerpts from his presentation:

by William Winkenwerder, Jr., MD, MBA
Assistant Secretary of Defense for Health Affairs

"We are at a critical juncture. After what was a difficult transition period, TRICARE has now achieved a very steady footing. The work you have done here in Europe is a testament to that steadiness and success.

Without a managed care contractor, you were able to develop and maintain a TRICARE system that very closely replicates what is available in the U.S.— making accommodations as necessary based upon variations in the healthcare delivery systems of foreign countries.

So what exactly is this critical juncture that we have now arrived? Despite our steadiness, despite the improved indices in customer satisfaction, accreditation scores, and health outcomes, our charter is to become a world-class healthcare system.

Being the best, becoming a leader in the industry, means we have to be smart about our business. It means establishing the right incentives and rewards for performance, setting clear and measurable objectives, and doing a better job of monitoring our performance with more real-time information … provided to you at the point where health care delivery happens.

Incidentally, I am aware of the problem in your receiving less than timely customer satisfaction survey results. I'm also troubled by the poor response rates on these surveys. I'm going to correct that problem — it's impossible to be a customer-focused organization without real-time information that identifies performance gaps. I also plan to assess the feasiblity of other methodologies for sampling our beneficiary population. Simply stated, more timely and accurate information permits us to better know our beneficiaries and to drill down to where problems exist.

It is important to note that I have not yet mentioned the new TRICARE contracts, and their release, which will happen this summer.

That is because moving from good to great does not have to wait for the new contracts — although I do believe that the new contracts will help us to better control costs and better align incentives.

Nonetheless, there are a number of things we can do today.

The quality of our system will ultimately be determined by our beneficiaries, and in particular by our enrollees — those who select us as their primary providers of care. A world-class health care system must become customer-focused. On most occasions, the beneficiary's perspective of care has less to do with the competence of their providers, and everything to do with support functions within the health care system.

What do they care about? Access.

And I think that you in Europe are setting the pace on that score. I am very enthused by your "Open Access" initiative. I think this is trend-setting and you are to be highly commended for getting out in front — not just within DoD, but within the entire U.S. medical community.

I know there are some hurdles, and some lessons learned. But I urge you to remain aggressive, publish your findings, and export it to the U.S. It may take a while to bring along converts, but it is the right direction.

And you are also employing an approach to change that I

See Dr. Winkenwerder, page 3

MSgt Ron Peoples

Dr. Winkenwerder gets a tour of the Cadarelli Trauma Center in Naples. The center, which serves the entire southern region of Italy, works closely with U.S. Naval Hospital Naples.

Dr. Winkenwerder, from Page 2

want to foster and reward. That is change-making at the health care delivery level. I, or the Surgeons General, could MANDATE open access models for the entire MHS. That approach would simultaneously speed implementation and, perhaps, ensure longterm failure.

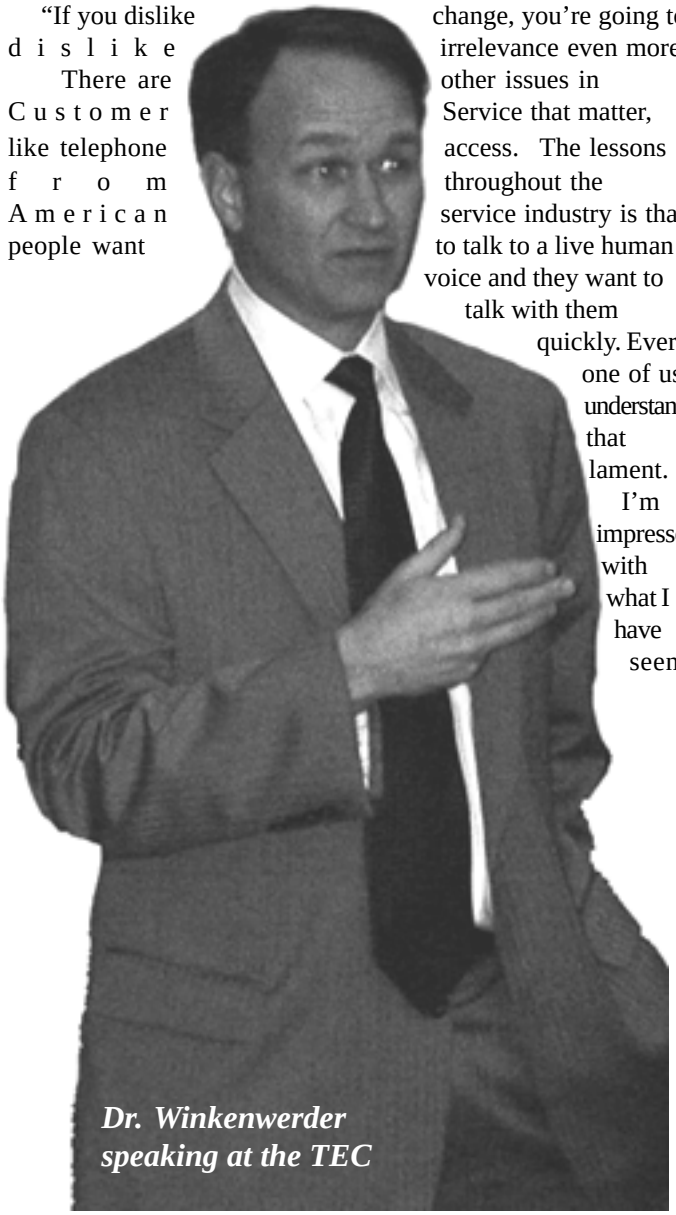
Here in Europe, you are on a new kind of front line in the war on terrorism, but your flexibility also places you on the front lines of instigating change in our health care delivery system in DoD.

The open access model appropriately places the patients and their needs at the center of our system. It has benefits for us too, but those are secondary.

I recently was reading about General Shinseki, the Army Chief of Staff, and his efforts at transformation within the Army. I think his quote captured the current environment for him, and also for us in health care:

"If you dislike change, you're going to dislike irrelevance even more."

There are other issues in Customer Service that matter, like telephone access. The lessons from American industry is that people want to talk to a live human voice and they want to talk with them quickly. Every one of us understands that lament. I'm impressed with what I have seen with TRICARE Online.



Dr. Winkenwerder speaking at the TEC

This is a powerful tool that creates a more customer-focused relationship. In addition to understanding the needs of our beneficiaries, we also need for them to understand TRICARE. We have moved into an era where our beneficiaries shouldn't be simply health care users, but health care consumers.

TRICARE Online could be especially useful in that regard. Potential uses include education about the benefit, education for high-risk beneficiaries and disease management, facilitation of open access and enrollment. Ultimately, this allows us to leverage information management technologies to improve efficiency, but concurrently — and more importantly — creates a more personal relationship between the beneficiary and the health care provider. It is the essence of population health.

> ***"We have moved into an era where our beneficiaries shouldn't be simply health care users, but health care consumers."***
>
> — ***Dr. William Winkenwerder***

We are going to set performance expectations of our contractors to support telephone access and other standards that fosters the personal relationship between patient and provider.

Incentives are important for all of us, and I want to identify the means that also recognizes and rewards all of you for the exceptional work that you are doing.

I also want to ensure that our system remains focused on quality. There is a strong feeling in the civilian world that "managed care" evolved simply into "managed costs" without ever fully realizing how the concept could have truly embodied population health.

I believe that, while we may not have been completely shielded from that perception, we still are viewed somewhat differently by our patients.

But in the coming year, we will establish quality measures across the system that prominently feature population health measures for the system ...

For those of us back in the U.S., we cannot say enough about how much we appreciate the sacrifices you make in serving overseas — thank you all for that.

We have some tremendous challenges in the military health system, and your excellence over the years has also created an environment in which expectations are high. I know we will be successful.

TRICARE Europe Council Annual Meeting

Leaders Gather in Venice to Share Ideas

Military Treatment Facility and Branch Medical Clinic commanders, Component Service surgeons, and senior TRICARE Europe staff converged on Venice, Italy from locales throughout Europe on May 20-21 for the TRICARE Europe Council Meeting.

The annual TEC meeting is a chance for medical leaders to exchange ideas and address common concerns.

If you missed this year's TEC, here are synopses of the major presentations, all of which can be **downloaded** in full at:

www.europe.tricare.osd.mil/main/triprog/presents/conference/2002_TEC/tecagenda.asp

TRICARE Operations Center

Lt Col Steve Hill

Hill, TRICARE Operations Center Director at the TRICARE Management Activity, said his organization provides decision makers with real-time information and helps to reduce data collection at lower levels. Data integration tools at the TOC helps clients anticipate potential problem areas, identify causal relationships, monitor trends, and more.

Metrics and the MHS

Wendy Funk

Funk, senior consultant at Kennel and Associates in Falls Church, Va., discussed characteristics of good metrics, relating metrics to strategic goals, leading and trailing indicators, and striking the right balance among characteristics such as timeliness, complexity, and accuracy.

Funk also presented an overview of relevant Military Health System data systems, to include the MHS data environment, systems used for the Defense Eligibility and Enrollment System and at Military Treatment Facilities. She also described what is now available in the "M2" data mart, the new data repository for the MHS.

MSgt Ron Peoples

Consultant Wendy Funk discussed the importance of metrics during the two-day conference.

Quality Oversight and Measurement in TRICARE- MHS

Col Daniel Cohen

Cohen, the Chief Medical Officer at TMA, announced the creation of a central oversight and coordinating committee, the TRICARE Clinical Quality Forum. Cohen said the forum will become the "go-to" agency for clinical and service quality across the TRICARE-MHS and the agency of change for quality oversight activities for the future of health care activities.

TRICARE Europe Clinical Update

COL Bob Larsen

Larsen, TRICARE Europe Medical Director, provided updates to several key TRICARE Europe programs.

He reported the successful roll out of Open Access across Europe. On average, there has been a 30 percent reduction in appointment waiting times.

Larsen announced that there is now a database on the TRICARE Europe website which provides updated information about each MTFs Preferred Provider Network.

There is also a new electronic customer comment card that can be accessed online.

Implementing the Population Health Improvement Plan

Lt Col Bruce Weaver

Weaver, the Chief of Population Health Integration at TMA, presented an overview of the MHS Optimization Plan. He described how Population Health factors in to the Optimization Plan, pointed out key process elements of PH implementation, and presented an overview of MHS Optimization support provided by TMA.

Using Coded Data to Make Decisions

Lt Col Jeanne Yoder

Yoder, group practice manager at the Air Force Medical Operations Agency, Bolling Air Force Base, Washington, D.C., presented an overview of military-unique and standard civilian coding systems used in the DoD. She explained relative value units and CHAMPUS maximum allowable charges, stressing how they are related. Yoder briefed that coded data is an important tool to manage and improve the health of beneficiaries.

Data Quality in Patient Movement

SMSgt Dave Thompson

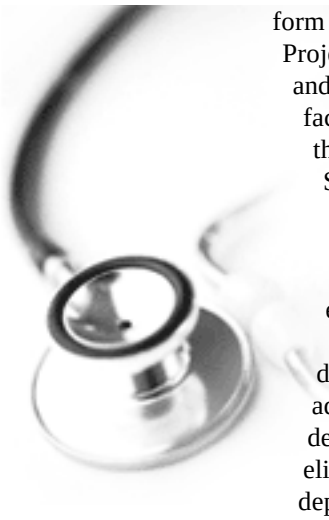
Thompson, First Sergeant at Theater Patient Movement Requirements Center - Europe, Ramstein Air Base, Germany, discussed the TRANSCOM Regulating and Command & Control Evacuation System (TRAC2ES), a tool for commanders to view patient movement data, including intransit visibility.

Transitional Assistance Management Program

DoD Tests Program to Aid Dependants of Involuntarily Separated Service Members As They Transition to Civilian Health Care Coverage

by Uli Engel
TRICARE Europe Deputy Director, Regional Operations

In Dec. 2001, the National Defense Authorization Act eliminated transitional health care eligibility for dependents of service members who are involuntarily separated under honorable conditions or who are separated after being called to or retained on active duty in support of a contingency operation.



Now this special eligibility is back in the form of a two-year "Demonstration Project." Recognizing that dependents and departing service members could face undue financial hardships during their transition to civilian life, the Secretary of Defense recently authorized transitional health care coverage for dependents that meet specific conditions retroactively effective to Dec. 28, 2001.

The demonstration project is designed to test an approach for addressing the potential inequity where departing service member health care eligibility is intact but not their dependents. The following items will be evaluated:

- Assessing the feasibility for the MHS to provide extended health care coverage for dependents.
- Determining whether the 60 or 120 days of health care eligibility for dependents is cost-effective, necessary, and beneficial to DoD.
- Minimizing the uncertainty associated with the transition of separating members to civilian status.
- Identifying any extraordinary out-of-pocket expenses for dependents.
- Identifying potential problems associated with the transition process in regards to impaired access, beneficiary satisfaction, and adequacy of providers.

DoD's objective is to achieve a level of participation sufficient to test new strategies. Therefore, the demonstration will be conducted nationwide. TRICARE Management Activity (TMA) will notify managed care support care contractors of this change.

This support is an important element in the welfare of service members and their dependents called to a significant and immediate change in life circumstances. It will prevent undue financial hardships for departing service members and their families during transition from military to civilian life. Information and experience gained will provide the foundation for longer-term solutions in the event of future reserve activation or an increase in the size of our military forces.

• DATES: *Retroactively effective to December 28, 2001, dependents of service members who are separating from active duty may continue to obtain health care coverage for 60 or 120 days of eligibility.*

• DEMO DURATION: *Two years, unless otherwise extended. Once the program is evaluated after this period, the DoD will seek permanent authority to determine program continuation.*

• WHO IS ELIGIBLE: *Participation in this demonstration is limited to dependents of separated service members who remain eligible for TRICARE under DoD's transitional health care program. This includes:*
… A member who is involuntarily separated from active duty.
…A member of a reserve component who is separated from active duty resulting from support of a contingency operation if the active duty is for a period of more than 30 days.
…A member who is separated from active duty for which the member is involuntarily retained under section 12305 of this title in support of a contingency operation.
…A member who is separated from active duty pursuant to a voluntary agreement of the member to remain on active duty for a period of less than one year in support of a contingency mission.

• ELIGIBILITY TIME LIMIT:
The Demonstration also limits dependent's eligibility for a specified time period beginning on the date on which the member is separated as follows:
…For members separated with less than six years of active service, 60 days.
…For members separated with six or more years of active service, 120 days.

• WHO'S IN CHARGE: *The Office of the Assistant Secretary of Defense (Health Affairs)—TRICARE Management Activity will assume overall responsibility for demonstration policy, implementation, monitoring, evaluation and reporting.*

Update: Inpatient Mental Health Host Nation Policy

by Linda Glynn
TRICARE Europe Regional Nurse Case Manager

A new TRICARE Europe policy (TEO 2002-001) called "Authorization and Network Use for Inpatient Mental Health Care in a Host Nation Facility" became effective on 22 April.

This policy applies to both TRICARE Europe Prime and TRICARE Standard beneficiaries seeking inpatient mental health care in a host nation facility. This new policy supersedes the TRICARE Europe letter guidance distributed on Aug. 24, 1999 for "Inpatient Mental Health for OCONUS Civilian (Host Nation) Care - Process Clarification." Here are some of the key points of the new policy:

- *It aligns OCONUS and CONUS processes.*
- *It eliminates the use of a third party supplier for the procurement of a bed and/or transportation.*
- *It aligns transportation procurement with the Joint Federal Travel Regulation (JFTR) for distant site care.*
- *It encourages the use of the TRICARE Europe Preferred Provider Network (PPN) facilities.*

For CONUS referrals for TRICARE Europe Prime enrollees, refer to TEO PL 99-00, "Authorization of Inpatient Mental Health Care in the Civilian Sector." This policy established Choice Behavioral Health Partnership (CBHP) as the mental health contractor to assist TRICARE Overseas beneficiaries in the authorization process.

To help in the referral process whether for inpatient mental health care in a host nation or CONUS, TRICARE Europe has developed a new link to resources on the TRICARE Europe website. Visit the website at **www.europe.tricare.osd.mil** and click on the "Mental Health Resource Information" icon.

Once there you will find the above-cited policies, as well as flow charts to assist the referral (whether it is a CONUS or OCONUS referral). Also provided is a resource for host nation inpatient mental health facilities.

For further information or assistance in the referral process, contact the TRICARE Europe Office at:

DSN: 496-6336 or ***Commercial***: 00-49-(0) 6302-67-6336
FAX: 496-6377 or ***Commercial FAX***: 00-49-(0) 6302-67-6377
Email: **Linda.glynn@europe.tricare.osd.mil**

(When using email , please do not use patient sensitive information like full name and Social Security number. Always remember to safeguard patient confidentiality).

Master Sgt. Ron Peoples

USAFE's Col Robert Tollefson presents Fusan Oksal the USAF BCAC of the Year Award at the recent TRICARE Europe Council meeting in Venice, Italy.

USAF HBA of the Year

by Maj John Powers
Service Managed Care Officer, USAF

Congratulations to Fusan Oksal from Izmir Air Base, Turkey, for winning the U.S. Air Force Benificiary Counseling and Assistance Coordinator of the Year Award for 2001. Known as a customer service champion, Oksal provided vital input for the new TRICARE customer feedback program. She used findings from her own focus groups to measure satisfaction and develop new assessment instruments. This led to key service improvements and more relevant metrics.

Her feedback program has been requested by a number of other organizations. In addition to being solely responsible for renewing agreement with the largest medical center in Turkey, she also provided beneficiary guidance and customer service to the Combined Air Operations Center at Eskisehir, Turkey, located over 700 miles away.

Oksal serves as translator, interpreter, patient liaison and lead contact for interactions with the host nation. Ms. Oksal began working with the Izmir community in 1989 and became the Health Benefits Advisor in 1993.

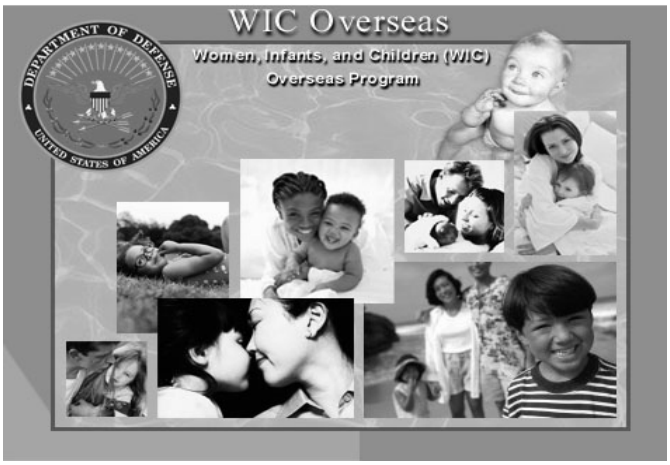
Feedback Confirms "WIC Works"

"Sensing Sessions" Take Pulse of WIC Overseas Program

LTC Muriel Metcalf
TRICARE Europe WIC Program Coordinator
Lamont Olsen
Choctaw Management Services Enterprise WIC Liaison

The WIC Overseas Program staff recently hosted "sensing sessions" at WIC centers in four different communities around Germany. Over 50 adults and children attended four separate sessions to voice their opinions, concerns, and questions about WIC Overseas. Here are some highlights from the feedback we received:

- The overwhelming message from the participants was how grateful they were to have the program in their community. Many reported waiting a long time for WIC to make it overseas.
- The program has strong support by the line commanders – many participants reported hearing about the program through their units.
- All of the participants stated they felt no stigma from command, neighbors, friends or the commissary as they used their vouchers. Many stated that they were proud to be on WIC.
- Attendees who had used WIC in the states said they felt the WIC Overseas program was, for the most part, more individualized and easier to enroll in.
- They also said the individualized assessment and nutritional counseling was very beneficial – that they knew they would use the information for years to come and with future children.



It was also clear from the sessions that WIC vouchers are helping participants get the important high-nutrition foods they need, freeing up money in their budget for other foods or for other family expenses.

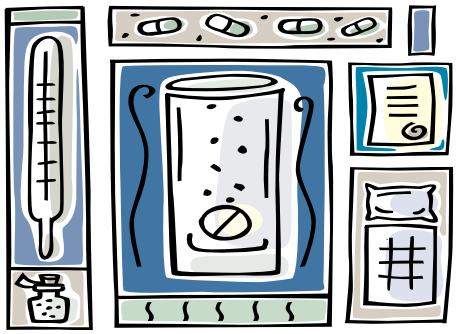
One mother reported that she no longer had to decide between milk and meat – she could get both. Several other attendees said they now have more money to pay bills, spend money on children, or go to recreational activities as a family.

There were some areas of the program that participants would like to see improved. For instance, some food packages currently only receive two vouchers. Several people suggested putting perishable foods on all three monthly vouchers. Another participant requested to have more electrical breast pumps available for each community. It was clear from the sessions that breast-feeding is strongly supported and many working mothers need this additional support.

Overall, many said they felt their local WIC staff was the best part of the program – very supportive and flexible to their family needs. They felt they could call anytime with questions, even when they did not have an appointment. Our hats are off to all of the hard-working WIC team members across Europe. You are all a truly great community asset.

Tri-Service Standardization Meeting Set for August

On Aug. 1-2, the tri-service European medical community will meet in Rodalben, Germany, to develop and discuss specific actions required to make further progress on the tri-service medical standardization plan.



The standardization planning process involves reviewing material demand information for high use items, gathering clinician input on products, and selecting products that best fit the needs for healthcare.

This allows for uniformity across the medical treatment facilities and huge potential cost savings.

The TRICARE Europe Office, in conjunction with the Standardization Tri-service Regional Business Office, will invite representatives from all services to participate in the two day meeting.

Key speakers will be coming from the standardization program office, DSCP, and Anteon (providing contract support to the program).

The first day of the conference will focus on discussing standardization procedures, goals, and plans. The second day will include a tour and overview of United States Army Medical Material Center and information briefings from the prime vendor program.

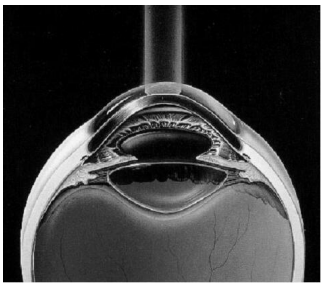
For more information, contact CPT Mark Nelson at DSN 371-2220, email: Mark.Nelson@us.army.mil; or CPT Eric Edwards. DSN 496-6316, email: eric.edwards@europe.tricare.osd.mil.

Laser Eye Surgery Available for Active Duty

by SPC Phillip E. Breedlove Jr.
Landstuhl Regional Medical Center Public Affairs

Active duty service members in Europe can now apply for corneal refractive surgery, or surgery that corrects vision, reducing the need for contacts or glasses.

Lt. Col. Todd Hess, an ophthalmologist who performs the surgery, said the elective surgery, which became available to service members April 30, is part of the War fighter Program, designed to build a better fighting force.



"The surgery is designed to enhance performance and safety in military duties," Hess said. "It is not open to family members."

According to Hess, the surgery has a low risk and high success rate. However the surgery is not for everyone.

Service members must meet certain criteria to be eligible for the surgery.

Potential candidates must be at least 21 and have more than 18 months left on active duty. They must have the same eye prescription for a year or more documented in their medical records, Hess said.

Certain eye conditions, medical conditions and medications disqualify potential candidates.

There are two types of surgeries performed by the military to correct vision: Photorefractive keratectomy (PRK) and laser in-situ keratomileusis (LASIK). The Army has approved both, while the Air Force has approved only PRK.

To apply for the surgery, service members should obtain a form from their local service-specific optometry clinic and have it signed by their commander.

Service members then are evaluated by the clinic and sent to LRMC for a final evaluation. LRMC is the only medical facility in Europe that performs the procedures.

First priority will be given to service members whose mission involves operations at the line of battle or behind enemy lines, such as special operation, infantry, armor and artillery units, Hess said. Individuals on flight status will also be given priority.

Second priority will be given to combat service support unit personnel in present assignments in a division or separate brigade.

Third priority is given to all other service members.

Service members can also visit their local optometry or ophthalmology clinic for more information.

- *Only active duty Army, Navy, Air Force, and Marine members are authorized.*
- *Service members must be at least 21 years of age and have 18 months retainability at the time of the Commander's Authorization is signed.*
- *Patients with an interest in refractive surgery must go to their nearest service-specific Optometry clinic to begin the authorization process. Here, they will receive a command authorization form and a Patient Information Form.*
- *Members who are determined to be good candidates for refractive surgery will be referred to the LRMC Warfighter Center by entering a routine consult in CHCS.*
- *Hospital Funds are not authorized for travel or lodging for evaluation, treatments, or follow-up under this program. Line Commanders may authorize unit funds for these expenses at their own discretion.*

In a nutshell

TRICARE Dental Plan Overseas

- The TDP is the same family member dental insurance plan that is in the U.S. The sponsor must disenroll if TDP benefits are not needed overseas.
- Benefits are also the same overseas as they are in the U.S. Staying enrolled or disenrolling when arriving overseas is a family's personal decision.
- Patients using the TDP in non-remote locations or for orthodontics must get a non-availability form from their local military dental clinic or the TRICARE Europe Office Dental representative (at DSN 496-6358 or commercial 0049-(0) 6302-67-6358) prior to seeking care from host nation providers.
- TDP patients must use listed host nation providers for orthodontics and in non-remote locations. Provider listings are available from local DTFs or at the TRICARE Europe website at **www.europe.tricare.osd.mil** (use the dental information link).

"Steaming to Assist"

U.S. Naval Hospital Rota

by LT Richard E. Carroll
Clinical Manager Primary Care Services
U.S. Naval Hospital Rota, Spain

LT Richard E. Carroll

U. S. Naval Hospital Rota is a modern facility in the province of Cádiz, Spain.

From its location on the Bay of Cádiz, between the towns of Rota and Puerto de Santa Maria, the hospital provides support to the U.S. Naval Station Rota, the U.S. Navy Sixth Fleet, the DoD Medical Support Operations for the NASA Space Shuttle Program, and worldwide operational and humanitarian contingencies.

Augmenting the USNH Rota is a robust Preferred Provider Network (PPN) that consists of four major hospitals, several ambulatory care clinics, and a diagnostics center.

This network of host nation facilities and providers has a close working relationship with USNH Rota, ensuring that the highest quality of care is provided to beneficiaries who are referred to the PPN.

- **MISSION**: "To promote the health and well-being of those entrusted to us, ensuring freedom and enhancing quality of life."

- **STAFF**: 325 Active Duty and 85 Spanish and American civilians.

- **SERVICES**: Family Practice, Emergency Medicine, Internal Medicine, Aviation Medicine, Occupational Health, Dermatology, Behavior Health, Alcohol Treatment, Audiology, Orthopedic Surgery, General Surgery, Otolaryngology, Obstetrics and Gynecology, Urology, Optometry, Health Promotion, Clinical Dietetics, Social Work, Industrial Hygiene, and Education and Developmental Intervention Services.

The Managed Care Staff and USNH Rota providers coordinate all patient care outside of the hospital via the command's Translations Department.

Services provided by this department include: setting up and transporting patients to and from appointments, verbal translations, and translating medical documents resulting from visits within the PPN.

To ensure continuity of care is maintained when their patients are admitted to a PPN facility, USNH Rota designed a "patient comfort" program.

This program allows smooth communication between facilities, patient and their family. The Translations Department Staff, obtain daily reports for USNH Rota's providers and serve not only as translators, but also as liaisons between the Spanish facilities and providers. In addition, all patients are provided with a written patient guide and a cellular telephone allowing for "24/7" contact with their families and with USNH Rota staff.

This program helps to overcome the cultural and language differences with the host nation medical system. All in all, the PPN and the USNH Rota work together to ensure patients receive the best possible care.

USNH Rota also plays an important role in our nation's space shuttle program. The hospital provides medical support for every shuttle launch should the shuttle orbiter need to make an emergency landing at nearby Moron Air Base.

The medical support team sent on each shuttle mission includes two physicians, one medical regulator, two nurses and one Emergency Medical Technician (EMT) for each astronaut.

All Space Shuttle Medical Support Team Members receive a special certification from NASA by attending the Department of Defense Man Safe Flight/ NASA Space Operations Medical Support Training Course.

In March of this year, USNH Rota hosted this essential training, increasing their team to 84 members. Without

See ROTA, page 11

BeneficiaryFeedback

Bonita Ducharme

Top HBA of the Quarter

Congratulations to Heidi Lesnioski, the Health Benefit Advisor of the Quarter. Ms. Lesnioski works at the Tricare Service Center at Ramstein Air Base.

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

Q: *My First Sgt. told me that the army would help pay for my wife's pregnancy even when I get out [of the service] because it happened while I was on active duty. Is this true, and if so what is covered and what do I begin this process?*

A: You can elect to use the Continued Health Care Benefit Program once you ETS from the Army. Call 1-800-809-6119 to reach an advisor for this program. You may also contact your local Health Benefits Advisor or visit the CHCBP website at www.tricare.osd.mil/chcbp for more information.

Q: *I am a civilian employee in the U.S. Navy stationed in Italy. I was told that I could only enroll in Tricare Standard. [I read that] DoD civilians cannot enroll in Tricare Prime because they are not CHAMPUS-eligible. Does that mean that if a DoD civilian employee is CHAMPUS-eligible that the individual can enroll in Tricare Prime?*

A: DoD civilians are not eligible for TRICARE in their own right — they must either be a retiree or a qualifying family member. DoD civilians do have access to Military Treatment Facilities as pay patients. If you were told that you could use the Standard program, then we're assuming you're a retiree. As a retiree, your overseas options include TRICARE Plus, TRICARE Standard, or the use of space-available appointments inside any of our Military Treatment Facilities (MTF) or Dental Treatment Facilities (DTF). Unfortunately, TRICARE Prime is not an option for retirees here, but under TRICARE Plus you would be allowed many benefits similar to Prime when using a MTF. You would get a Primary Care Manager, but if you should have to be referred out of the military system then you would have to utilize the Standard benefit. For specific information regarding TRICARE Plus at the MTF closest to you, check www.europe.tricare.osd.mil/benefit/tsclist.asp.

Q: *The TDP benifits plan states that TDP covers orthodontic sevices for dependents up to 21 years of age in OCONUS. I was wondering if it covers the actual active duty member too?*

A: The TRICARE Dental Program is for the use of family members of active duty individuals. As an active duty member, you will need to go to your military dental treatment facility and see a doctor about getting orthodontic care in the clinic. Should you decide to go to a host nation provider if the treatment cannot be provided at a military dental facility, then I am afraid you will be responsible to pay for the service out of pocket. Keep in mind that family members may be eligible for coverage after reaching age 21 or 23 if enrolled at an accredited college or university.

Troy Kitch
Public Affairs & Marketing Director
Bonita Ducharme
Public Affairs Assistant

New Look

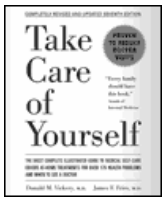
The TRICARE Europe Compass design is continually evolving to make it easier for you to read and understand. We want your feedback. Call us at DSN 496-6315 (commercial 0049-6302-67-6315) or email us at teo.pao@tricare.europe.osd.mil and tell us what you think.

Kitch Joins TEO Team

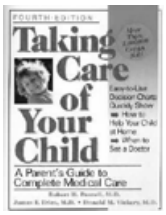
Troy Kitch joined the TEO team in May. Kitch is a former U.S. Air Force public affairs officer. He joins us from Cambridge, Mass., where he recently completed a Masters of Science degree in Science Journalism at Boston University.

Next Order Due Soon

As the end of Fiscal Year 2002 approaches, it is time for TSC marketing representatives to start evaluating stock levels. We need your October marketing orders by July 31 for the following items: Basic Passports, Health Care Information Line kits, Take Care of Yourself books, and Take Care of Your Child books.



Keep in mind that we cannot place any new orders after July 31 until the start of FY 2003 — that means that the next order must last you until April 2003! Of course, you can now order all other marketing products direct via the TMA TRICARE Store site as you need them.



More Order Verifications

New HCIL kits will be shipped this month, so expect another Marketing Order Verification (MOV) request at the end of July! There have been some growing pains with our new online marketing system, but we are striving to make it as user-friendly as possible. We thank you for your patience and hard work during the transition to this new process.

Update TSC Data

When submitting order verifications online, please ensure TSC contact information is current. We would also like to hear from you if your primary or alternate marketing POCs change so we can train them on the marketing order process and issue a username and password. If you do need any assistance contact Bonita Ducharme, Public Affairs Assistant: bonita.ducharme@europe.tricare.osd.mil

Safeguard Passwords

Please safeguard your Marketing Order username and password. With 52 TSCs, it is difficult to reissue usernames and passwords to POCs while concurrently training new personnel on marketing order and verification procedures.

SrA Beatrice Cassetty

Retirement

Lt. Col. Liz Robison, former TEO Healthcare Operations Division Chief, receives her retirement pin from CAPT Cindy DiLorenzo. Robison recently retired after 22 years of service.

ROTA, from page 9

USNH Rota's critical participation, the nation's space shuttle could not launch! Needless to say, this is obviously an important support mission for USNH Rota personnel.

This year USNH Rota also hosted survey teams from the JCAHO and the Bureau of Medicine and Surgery Inspector General (BUMED IG). Both teams reported the hospital met or exceeded all standards for quality healthcare delivery, and the hospital earned a JCAHO score of 97% — with the lead JCAHO surveyor noting it was the highest score he had awarded in more than four years.

The BUMED IG called USNH Rota "A high performing organization continually focused on process improvement" and added, "The shared value of caring is demonstrated throughout the command." With laudatory comments about its exceptional staff and its idyllic location at the "Gateway to the Mediterranean", U. S. Naval Hospital Rota is "Steaming to Assist."

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Readers with questions or comments may contact us at:

TRICARE Europe Office Public Affairs
DSN: 496-6315 or Comm: 00-49-0-6302-67-6315
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Article and photo submissions are welcome

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Webmaster/Production Support.....Mr. Arthur Pedersen

TRICARE Europe Office Staff Summer Rotation Schedule

The TRICARE Europe Office will undergo some major staff changes in the coming months. We wish the best to all of the wonderful people who are leaving us, and warmly welcome those who are joining the team.

Updated office rosters and "Meet the New TEO Staff" will appear in the next Compass.

Outgoing Staff

- COL Robert Larsen: heading to Landstuhl Regional Medical Center, Germany.
- CAPT Cindy DiLorenzo: heading to TRICARE Region 9, San Diego, Calif.
- LTC Bea Stephens: heading to Brooks Army Medical Center, San Antonio, Texas.
- Lt Col Tom Haines: heading to Wilford Hall Medical Center, San Antonio, Texas.
- MAJ Kevin Forrest: heading to Landstuhl Dental Activity, Germany.
- LTC Elizabeth Robison, USAF: retiring to Pennsacola, Florida.
- Ms. Betsy Kozak: heading to Aberdeen Proving Grounds, Md.
- Ms. Sean Glover: heading to Enseidlerhof, Germany.
- Ms. Marcela Duris: heading to Sarasota, Fla.

Incoming Staff

- Col James Rundell: arriving from LRMC.
- Lt Col Diane Reese: arriving from Air Force Surgeon General's office, Washington, D.C.
- Ms. Karen Averette: locally hired
- Mr. Ashley Guthrie: locally hired
- LTC Gail Williamson, USA: arriving from U.S. Army Medical Activity, Ft. Sill, Okla.
- MAJ Wayne White: arriving from Eisenhower Army Medical Center, Ft. Gordon, Ga.
- CPT Timothy Hoiden: arriving from USAMEDDAC, Ft. Campbell, Ky.
- SSG William Muhammed: arriving from Baumholder Health Clinic, Germany.

Ursone Bids Farewell, from page 1

resource-intensive scheduling process, and it offers patients a better experience.

Though the transition to open access has been challenging, we've had great success to date. We've reduced appointment wait times by 31 percent with 55 percent of all clinic appointments now coded as "open access." We're now working with about 15 clinics to improve access for beneficiaries — an impressive start!

Remote Site Health Care

It's not easy to ensure standard access and quality of care for the 11,000 or so beneficiaries who live in remote areas.

Yet active duty members and their families in six Central Command countries now have access to a certified provider network and a 24-hour health care advice line.

This trial run looks very promising. Over the next few years, beneficiaries in the remaining CENTCOM countries as well as those who live in remote areas of European Command will see this great service come to town.

My hat is off to those of you who are making this possible.

Women, Infants and Children Overseas Program

This quality of life initiative is an essential service now available to the military families in our region.

We've successfully opened 27 WIC offices. That leaves only 13 offices to go!

The WIC program makes such a tremendous contribution to so many families. I recently had the chance to sit in on a discussion in which one parent said the program made the difference between running out of milk and formula and staying well stocked. That's exciting to hear, and a job well done.

Tricare For Life

We implemented the TRICARE For Life program in Europe – no easy task for so widely dispersed a group of retirees, each with unique questions and needs.

Health care for life is what these beneficiaries deserve for their dedicated service to their country. Now we are "keeping the promise."

We've made progress in so many other areas over the past two years as well.

We developed a regional training program to ensure our benefit advisors possess top-notch skills.

We developed a regional policy for inpatient mental health referrals.

We reduced appointment types by the thousands.

We created a Regional Case Management position to tackle complex patient care and benefit issues.

I wish I could touch upon all of our accomplishments, but suffice it to say that none of this would have been possible without your hard work and expertise.

As you forge ahead and rise to meet new challenges in the years ahead, I am delighted that BG Elder Granger, my successor, will be there to keep Tricare Europe on track and moving forward.

I wish you all the best of luck both personally and professionally, and I thank you for your unwavering support and dedication.